NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

All Duane Reade pharmacies are required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

All Duane Reade pharmacies are required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will make available to you any revised Notice.

Your Health Information Rights

You have the following rights with respect to PHI about you:

Obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as Duane Reade maintains the PHI. The designated record set usually will include prescription and billing records that we use to make treatment and billing decisions. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. In some cases, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement. We will include a copy of your statement of disagreement and our rebuttal in your record.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of PHI; however we are not required to agree to those restrictions.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003 other than disclosures made: to you; based on your written authorization; to carry out treatment; for payment or health care operations; or as part of a limited data set (that does not include your name or other personal identifiers) to researchers. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. Your request must specify the time period, but may not be longer than six years. The first accounting you request within a 12 month period will be provided free of charge, but we reserve the right to charge you a reasonable fee for the cost of providing additional accountings.

Request communications of PHI by alternative means or at alternative locations. You may request that we communicate with you in certain ways, or at certain locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. Your request must state how or where you would like to be contacted. We will accommodate reasonable requests.

For requests regarding the preceding items, please contact the Privacy Officer at 212-356-5201 or write to us at Duane Reade Inc., Attention: Privacy Officer; 440 Ninth Avenue, New York, New York 10001.

Examples of How We May Use and Disclose PHI

We may use and disclose your PHI, without your authorization, for treatment, payment and health care operations.

Using PHI for treatment. Treatment is the provision, coordination or management of healthcare and related services. For example, we may use your PHI to fill prescriptions and conduct drug utilization reviews. The pharmacy may contact you to remind you that your prescription is ready or due to be refilled, or may provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you

Using your PHI for payment. Payment includes actions that we may take to be reimbursed by your third party insurance provider, to make coverage determinations, and to assist us with billing claims management. For example, we may contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We may bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

Using PHI for health care operations. Our health care operations involve a range of activities necessary to run our business. This includes sharing your PHI among our pharmacies within the Duane Reade chain (you have the right to have access to your PHI limited to one Duane Reade pharmacy), services from third parties (or business associates) with whom we have contracted for quality assessment and improvement, business planning and development, information management, general administrative activities, legal services, and other services related to our operations. We may disclose PHI about you to our business associates so that they can perform the job we have asked them to do. To protect PHI about you, we require the business associate to safeguard the PHI. We may also use your PHI without your authorization to tell you about opportunities that may be of interest to you, such as benefits for preferred Duane Reade customers or clinical research projects.

Communication with individuals involved in your care or payment for your care: Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

We may also use your PHI, without your authorization, for the following public policy purposes:

As required by law. We may use or disclose your PHI as required by law. Examples include use or disclosure of PHI for law enforcement purposes, for judicial or administrative proceedings (subject to certain conditions), for public health purposes, for health oversight activities, in cases of suspected abuse, neglect or domestic violence and for worker's compensation compliance. In cases of HIV or AIDS, we will comply with provisions of New York state law that place additional or more stringent conditions on the use and disclosure of records related to HIV or AIDS treatment, including the provisions of 10 NYCRR 63.6. This will include, among other things, not disclosing information in response to subpoenas, unless accompanied by a court order.

For notification of relatives or representatives. We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

Other Information about PHI and this Notice

Duane Reade will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. In order to revoke an authorization, you should write to the Privacy Officer at the address provided below. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on your previous authorization.

Please note that this Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

For More Information or to Report a Problem

If you have questions or would like additional information about Duane Reade's privacy practices, you may contact the Privacy Officer at Duane Reade Inc., Attention: Privacy Officer, 440 Ninth Avenue, New York, NY 10001; 212-356-5201. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date

This Notice is effective as of March 16, 2009